

BEST AVAILABLE COPY

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications) **PET-1919**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS AND APPARATUS EMPLOYING A PLURALITY OF CATALYTIC BEDS IN SERIES FOR THE PRODUCTION OF LOW SULPHUR GAS OIL

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as United States application
- Serial No. 09/780,418
- on February 12, 2001
- and was amended
- on _____ (if applicable).
- ☐ was filed as PCT international application
- Number _____
- on _____
- and was amended under PCT Article 19
- on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Foreign Application Number(s)	Country	Foreign Filing Date (mm/dd/yyyy)	Priority Not Claimed
09/01,811	France	02/11/2000	<input type="checkbox"/>
00/02,809	France	03/02/2000	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

POWER OF ATTORNEY: As a named inventor, I hereby appoint L. William Millen (19,343); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,563); John R. Moses (24,983); Harry B. Shubin (32,004); Brian P. Hensley (32,542); Richard J. Traverso (30,495); John A. Sapp (33,103); Richard M. Lebovitz (37,067); James E. Ruland (37,432); Jennifer J. Branigan (40,921); Ceaba Hepler (30,908); and Nicole E. Kinsey (50,723) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. 23599

Telephone No
703/243-6333

Direct Telephone Calls to:

23599

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Name: James E. Ruland 37,432

Signature: [Signature]

Date: 10/22/2004

Combined Declaration for Patent Application and Power of Attorney (Continued) <small>(Includes References to PCT International Applications)</small>	ATTORNEY SECRET NUMBER PET-1919
--	---

201	FULL NAME OF INVENTOR	FAMILY NAME CHAPUS	FIRST GIVEN NAME Thierry	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Francheville	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	STREET 23, rue des Flesselles	CITY Lyon	STATE & ZIP CODE/COUNTRY 69001 France
202	FULL NAME OF INVENTOR	FAMILY NAME MOREL	FIRST GIVEN NAME Frédéric	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Francheville	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France
	POST OFFICE ADDRESS	STREET 16, rue Doullins	CITY Fracheville	STATE & ZIP CODE/COUNTRY 69340 France
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

Combined Declaration for Patent Application and Power of Attorney (Continued)
Details Relating to PCT International Applications

PET-1919

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon

SIGNATURE OF INVENTOR 201 <i>T. Chapus</i>	DATE <i>15 Sept. '04</i>
SIGNATURE OF INVENTOR 202 <i>F. Morel</i>	DATE <i>15 Sept. '04</i>
SIGNATURE OF INVENTOR 203	DATE
SIGNATURE OF INVENTOR 204	DATE
SIGNATURE OF INVENTOR 205	DATE
SIGNATURE OF INVENTOR 206	DATE
SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 209	DATE

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☒ **FADED TEXT OR DRAWING**
- ☒ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☒ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.